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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 555255012297

First Named Inventor Sean B. SIMMONS

**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR INVERTING AUTOMATIC FREQUENCY CONTROL (AFC)

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

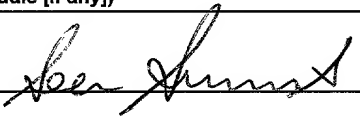
**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☐ Customer Number  OR ☒ Correspondence address belowDavid B. Cochran, Esq.  
**Name**Jones, Day, Reavis & Pogue  
**Address** North Point, 901 Lakeside Avenue

<b>City</b> Cleveland	<b>State</b> Ohio	<b>ZIP</b> 44114-1190
<b>Country</b> USA	<b>Telephone</b> (216) 586-7029	<b>Fax</b> (216) 579-0212

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR :** ☐ A petition has been filed for this unsigned inventor

<b>Given Name</b> Sean B. (first and middle [if any])	<b>Family Name</b> SIMMONS or Surname
--	--

<b>Inventor's Signature</b> 	<b>Date</b> Nov 16, 2001
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<b>Residence: City</b> Waterloo	<b>State</b> Ontario	<b>Country</b> Canada	<b>Citizenship</b> Canadian
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295 Phillip Street  
**Mailing Address**

<b>City</b> Waterloo	<b>State</b> Ontario	<b>ZIP</b> N2L 3W8	<b>Country</b> Canada
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**NAME OF SECOND INVENTOR:** ☐ A petition has been filed for this unsigned inventor

<b>Given Name</b> Zoltan (first and middle [if any])	<b>Family Name</b> KEMENCZY or Surname
---	---


<b>Inventor's Signature</b> 	<b>Date</b> Nov 19, 2001
---	--------------------------

<b>Residence: City</b> <del>Kitchener</del> Mississauga	<b>State</b> Ontario	<b>Country</b> Canada	<b>Citizenship</b> CANADIAN
---	----------------------	-----------------------	-----------------------------

295 Phillip Street  
**Mailing Address**

<b>City</b> Waterloo	<b>State</b> Ontario	<b>ZIP</b> N2L 3W8	<b>Country</b> Canada
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☐ Additional inventors are being named on the \_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box 

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

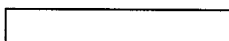
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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Sean B. SIMMONS
Title	System And Method For Inverting.
Group Art Unit	
Examiner Name	
Attorney Docket Number	555255012297

I hereby appoint:

☐ Practitioners at Customer Number 

OR

☒ Practitioner(s) named below:

Place Customer  
Number Bar Code  
Label here


Name	Registration Number
Krishna K. Pathiyal, Esq.	44435
***Please see attached sheet***	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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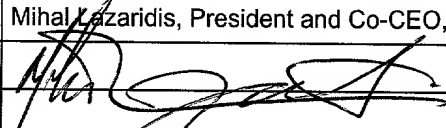
<input checked="" type="checkbox"/> Firm or Individual Name	David B. Cochran, Esq.				
Address	Jones, Day, Reavis & Pogue				
Address	North Point, 901 Lakeside Avenue				
City	Cleveland	State	Ohio	Zip	44114
Country	USA				
Telephone	(216) 586-7029	Fax	(216) 579-0212		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Mihal Lazaridis, President and Co-CEO, on behalf of Research In Motion Limited
Signature	
Date	20 NOV 01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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[illegible]

\* SUPPLEMENTAL PAGE LISTING ADDITIONAL AGENTS OF RECORD

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